**University of Colombo, Institute for Agro-Technology and Rural Sciences**

**Application for End – Semester Examination Registration No.**

Name of the Student:

1. Name in Full: …………………………………………………………………………………
2. Name with Initials: ……………………………………………………………………………
3. Full Time/Part Time: ……………………………………………………………………………

|  |  |
| --- | --- |
| Permanent Address :Telephone No: | Present Address :Telephone No: |

Academic Year: ………………………… I/II Semester of the Student: 1 2 3 4 5 6 7 8

SGPA of the last Semester: ……………………. Latest OGPA: …………………………..

**Second – Semester Course Examinations Appearing in the First Time**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number** | **Course Title** | **Number of Credits** | **Signature of Course Coordinator \*** |
| **AT2201** | Production and Management of Export Agricultural Crops | 2 |  |
| **AT2202** | Protected Agriculture  | 2 |  |
| **AT2203** | Animal Breeding & Stock Management | 3 |  |
| **AT2204** | Farm planning and designing  | 2 |  |
| **AT2205** | Agricultural extension and communication Technology | 2 |  |
| **AT2206** | Aquaculture production technology | 2 |  |
| **AT2207** | Plant tissue culture technology | 2 |  |
| **AT2208** | Life-Skills Development | 0 |  |

 **Optional Course**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number** | **Course Title** | **Number of Credits** | **Signature of Course Coordinator \*** |
|  |  |  |  |
|  |  |  |  |

Signature of the Applicant: …………………………… Date: ………………………….

**Accounts Division**

Above named student,

1. has paid the total Semester fee
2. has arrears of Semester fee

(Due payment: Rs. …………………………………….)

Signature of the authorized Officer : …………………………

Date : …………………………

**For Office Use Only**

Recommendation of the SAR/AR (or authorized officer):…………………. Remarks: …………………

(Signature)

\*State the reason if not recommended \**\*Course which fulfilled eligibility criteria*

\*\*\* 1. Absent with medical, 2.Absent, 3.Failed, 4.Ineligible, 5.Upgrading GPA